# GOTTEEB, RACKMAN & REISMAN, P.C.

270 Madis n Avenue, 8th Floor New York, New York 10016-0601 Telephon: (212) 684-3900

Fax: (212) 684-3999

#### FACSIMILE COVER SHEET

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15 page(s) (including this cover sheet). Please call (212) 684-3900 immediately if transmission is interrupted or of poor quality.

February 5, 2003

Your Ref No.; See Schedule A

Our Ref. No.: 4441-0000

Re: RE-SUBMISSION OF SUBSTITUTE POWER OF ATTORNEY

CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8

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Fax:12126843999

#### Conf. Report Transmit

| P. 1       |        |            |       | Feb 5 2003 16:06 |
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| Under the Paperwork Reduction Act of 1995, no persons are required                                                                                                                                                 | U.S. Patent and Traden<br>to respond to a collection of informati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nark Office: U.S. DEPARTMENT OF COMMERC<br>fron unless it diaplays a valid OMB control number      |
|                                                                                                                                                                                                                    | Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | See Schedule A                                                                                     |
| TRANSMITTAL                                                                                                                                                                                                        | Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | See Schedule A                                                                                     |
| FORM                                                                                                                                                                                                               | First Named Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Various                                                                                            |
| (to be used for all correspondence after Initial filing)                                                                                                                                                           | Group Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3762                                                                                               |
|                                                                                                                                                                                                                    | Examiner Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Various - To Be Assigned                                                                           |
| Total Number of Pages in This Submission 14                                                                                                                                                                        | Attornéy Docket Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4441-0000                                                                                          |
| EN                                                                                                                                                                                                                 | CLOSURES (check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | all that apply)                                                                                    |
|                                                                                                                                                                                                                    | nment Papers<br>in Application)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | After Allowance Communication to Group                                                             |
|                                                                                                                                                                                                                    | ring(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Appeal Communication to Board of Appeals and Interferences                                         |
| Amendment / Reply Licen                                                                                                                                                                                            | sing-related Papers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)                                  |
| After Final Petiti                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Proprietary Information                                                                            |
| Affidavits/declaration(s) Provi                                                                                                                                                                                    | on to Convert to a sional Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status Letter                                                                                      |
| Extension of Time Request Power                                                                                                                                                                                    | or of Attorney, Revocation<br>ge of Correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other Enclosure(s) (please                                                                         |
|                                                                                                                                                                                                                    | inal Disclaimer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Identify below): Return Receipt Postcard;                                                          |
| Requ                                                                                                                                                                                                               | est for Refund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                                                                                  |
|                                                                                                                                                                                                                    | Number of CD(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| Certifled Copy of Priority Document(s) Remarks                                                                                                                                                                     | CERTIFICATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TRANSMISSION UNDER 37 CFR §1.8                                                                     |
| Response to Missing Parts/ Transmitted to                                                                                                                                                                          | Thereby certify that<br>Customer Service, Group Art U<br>r for Patents, Washington, DC 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | this correspondence is being facsimile init 3760 at Fax 703 308 7957, Assistant 9231 on 02.05 2003 |
| Response to Missing Parts                                                                                                                                                                                          | D. Alexandra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |
| under 37 CFR 1.52 or 1.53                                                                                                                                                                                          | alinda 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |
| SIGNATURE OF APP                                                                                                                                                                                                   | LICANT, ATTORNEY, OR A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GENT                                                                                               |
| WEISZ, Tibertu Reg No 29,8                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
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| Date February 5, 2003                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |
| CERTIFIC                                                                                                                                                                                                           | ATE OF MAILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |
| I hereby certify that this correspondence is believed and mall in an envelope addressed to: Commissioner for Page                                                                                                  | A Company of the Comp | s with sufficient postage as first class                                                           |
| Typed or printed name                                                                                                                                                                                              | COLOT OIL UIS OS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO.                                                                                                |
| Signature                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | February 2003                                                                                      |
| urden Hour Statement: This form is estimated to take 0.2 found to comple<br>in the amount of time you are required to complete this form should be se<br>IC 20231. DO NOT SEND PEES OR COMPLETED PORMS TO THIS ADD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |

P. 05

#4

Attorney Docket No.: 4441-0000

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First-Named Inventor

**Various** 

Serial No.

See Schedule A (Attached)

Filing Date

See Schedule A (Attached)

Title

See Schedule A (Attached)

**Group Art Unit** 

3762

Examiner

Various - To Be Assigned

Assistant Commissioner for Patents Washington, DC 20231

CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8

I hereby certify that this correspondence is being facsimile transmitted to Customer Service, Group Art Unit 3700 at Fax 703 308 7957, Assistant Commissioner for Patents, Washington, JDC 20231 or 02.05.2003.

# RE-SUBMISSION OF SUBSTITUTE POWER OF ATTORNEY

SIR

On September 27, 2002, applicant mailed to the USPTO via United States Postal Service regular first-class mail with sufficient pre-paid postage a Substitute Power of Attorney duly signed by the assignee of 100% of the entire interest in this invention, Cameron Health Inc., and attaching thereto Schedule A which includes the above-identified patent application serial number for effectuating a change in attorney responsibility. Also enclosed in said mailing was a Statement Under 37 CFR §3.73(b) duly signed by the same assignee and attaching thereto Schedule B for evidencing that an assignment document in this patent matter has been duly recorded by the USPTO Assignment Division.

P.06

Inasmuch as the applicant, assignee, and undersigned attorneys have not received a Notice of Acceptance of Power of Attorney or a copy of the Notice Regarding Change of Power of Attorney; applicant hereby requests that the Commissioner please enter into the record the change in attorney responsibility for the subject patent application, and forward to the undersigned attorneys a copy of each of the two notices afore-mentioned at the address indicated hereinbelow.

Applicant encloses herewith a true copy from the records of the undersigned attorneys all of the documents originally mailed to the USPTO on September 27, 2002.

Date: February 5, 2003 New York, New York

Respectfully submitted.

GOTTLIEB RACKMAN & REISMAN PC Attorneys for Applicant 270 Madison Avenue New York, New York 10016-0601 Telephone: 212/684-3900

Telefax: 212/684-3999

By.

WEISZ, Tiberiu Reg. No. 29,876

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| Under the Paperwork Reduction Act of 1995, no persons are required to r                                                              | U.S. Patent and Tradent<br>espond to a collection of informat | ved for use through 10/31/2002 CMB 0651-0031<br>nark Office: U.S. DEPARTMENT OF COMMERCE<br>fon unless it displays a valid OM8 control number. |
|                                                                                                                                      | Application Number                                            | Various (see Schedule A)                                                                                                                       |
| TRANSMITTAL                                                                                                                          | Filing Date                                                   | Various (see Schedule A)                                                                                                                       |
| FORM                                                                                                                                 | First Named Inventor                                          | Various (see Schedule A)                                                                                                                       |
| (to be used for all correspondence after initial filing)                                                                             | Group Art Unit                                                |                                                                                                                                                |
|                                                                                                                                      | Examiner Name                                                 | $\mathbb{C} \cap \mathbb{R}$                                                                                                                   |
| Total Number of Pages in This Submission 10                                                                                          | Attorney Docket Number                                        | 4441-0000                                                                                                                                      |
| ENCL                                                                                                                                 | OSURES (check                                                 | all that apply)                                                                                                                                |
| Fee Transmittal Form Assignm                                                                                                         | nent Papers<br>Optication)                                    | After Allowance Communication to Group                                                                                                         |
| Fee Attached Drawing                                                                                                                 | ( <del>s</del> )                                              | Appeal Communication to Board of Appeals and Interferences                                                                                     |
|                                                                                                                                      | g-related Papers                                              | Appeal Communication to Group                                                                                                                  |
| After Final Pentition                                                                                                                | to Convert to a                                               | Proprietary Information                                                                                                                        |
| Affidavits/declaration(s)                                                                                                            | nal Application                                               | Status Letter                                                                                                                                  |
| Extension of Time Request Change Address                                                                                             | f Attorney, Revocation of Correspondence                      | Other Enclosure(s) (please identify below):                                                                                                    |
| Express Abandonment Request                                                                                                          | Discisimer                                                    | Return Receipt Postcard; Substitute                                                                                                            |
| Request                                                                                                                              | 1                                                             | Power of Attorney/Sched A; Stmt 37<br>CFR §3.73(b)/Sched B; Change of                                                                          |
| Information Disclosure Statement CD, Nur Certified Copy of Priority                                                                  | riber of CD(s)                                                | Comespondence Address                                                                                                                          |
| Document(s) Remarks                                                                                                                  |                                                               |                                                                                                                                                |
| Response to Missing Parts/<br>Incomplete Application                                                                                 |                                                               | 22440                                                                                                                                          |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                  | PA*                                                           | TENT TRADEMARK OFFICE                                                                                                                          |
|                                                                                                                                      |                                                               |                                                                                                                                                |
| SIGNATURE OF APPLIC                                                                                                                  | ANT, ATTORNEY, OR A                                           | GENT                                                                                                                                           |
| irm WEISZ, Tiberiu Reg No 29,876                                                                                                     |                                                               | •                                                                                                                                              |
| ndividual name                                                                                                                       |                                                               |                                                                                                                                                |
| Signature all                                                                                                                        |                                                               |                                                                                                                                                |
| September 27, 2002                                                                                                                   |                                                               |                                                                                                                                                |
| CERTIFICA                                                                                                                            | TE OF MAILING                                                 |                                                                                                                                                |
| hereby certify that this correspondence is being deposited with the half in an envelope addressed to: Commissioner for Paterns, Wast | United States Postal Service                                  | •~• 1 1 2                                                                                                                                      |
| yped or printed name HUNTER, Belinda Ja                                                                                              |                                                               | 09.27.2002                                                                                                                                     |
| Signature Beliade Sun                                                                                                                | Date                                                          | September 27, 2002                                                                                                                             |
| den Hour Statement. This form is estimated to take 0.2 holds to complete.                                                            | Time will vary depending upon to                              | he needs of the individual case. Any comments                                                                                                  |

Irden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, 3 20231, DO NOT SEND FEES ON COMPLETED FORMS TO THIS MODRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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| •                              | Date          | 09-27-2002     | Att'y      | MIR/TW/BH                       |       |
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| Re: Various (s                 | see Schedul   | e A enclose    | d)         | OIP                             | E     |
| ·                              |               |                |            | 1                               | ٧.    |
| Client/Matter (Ducke           | e) No. 4441   | -0000          | Case No.   | DE OCT 8 3                      | 200Z  |
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Gottlieb, Rackman & Reisman, P.C.



Gottlieb, Rackman & Reisman, P.C. 276 Madison Avenue - 8th Floor New York, New York 10016-0601

Attention: Docketing

halllankanalidahanlallanaliladahladi

Attorney Docket No.: 4441-0000

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

See Schedule A (attached)

Serial No.

See Schedule A (attached)

Filing Date

See Schedule A (attached)

Assistant Commissioner for Patents

Washington, D.C. 20231

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service via First Class mail service in a post-paid envelope addressed to: Assistant Commissioner for Patents, Washington, OC 20231 on 9,27,2300

HUNTER, Bainds L

### SUBSTITUTE POWER OF ATTORNEY

SIRS

Applicant hereby revokes all previous powers of attorney and appoints GOTTLIEB, RACKMAN & REISMAN, P.C., 270 Madison Avenue, New York, New York 10016-0601, telephone number (212) 684-3900, telefax number (212) 684-3999, a law firm composed of George Gottlieb (Reg. No. 22,035), Jeffrey M. Kaden (Reg. No. 31,268), Michael I. Rackman (Reg. No. 20,639), Amy B. Goldsmith (Reg. No. 33,700), James Reisman (Reg. No. 22,007), Norbert P. Holler (Reg. No. 17,816), Barry A. Cooper (Reg. No. 25,204), Tiberlu Weisz (Reg. No. 29,876), David S. Kashman (Reg. No. 28,725), Maria A. Savio (Reg. No. 31,565), Allen I. Rubenstein (Reg. No. 27,673), Raymond B. Churchill, Jr. (Reg. No. 44,617), and Sean McGeeffan (Reg. No. 48,537), jointly and severally, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute the patent applications listed in the attached Schedule A and to transact all business in the United States Patent and Trademark Office

connected therewith.

Date: June 34, 2002 New York, New York

> CAMERON HEALTH, INC. Assignee or Party in Interest 924A Calle Negocio San Gemente, CA 92673

By: Mc Ladn
Name of Officer:
Title of Officer:
Intellectual Property Manager

S:\belinda\applic\poasub\Cameron\44411.wpc

SCHEDULE A

| Serial No. | Title ( ) C                                                                                                          | Date Filed |
|------------|----------------------------------------------------------------------------------------------------------------------|------------|
|            |                                                                                                                      |            |
|            |                                                                                                                      | H          |
| S4.55000   |                                                                                                                      |            |
| 09/940,371 | Ceramics and/or Other Material Insulated Shell for Active and Non-Active S-ICD Can                                   | 8/27/01    |
| 09/940,468 | Subcutaneous Electrode For Transthoracic Conduction With Improved Installation Characteristics                       | 8/27/01    |
| 09/941,814 | Subcutaneous Electrode With Improved Contact Shape For<br>Transthoracic Conduction                                   | 8/27/01    |
|            |                                                                                                                      |            |
| 097940,340 | Subcutaneous Electrode For Transthoracic Conduction With Low-Profile Installation Appendage and Method of Doing Same | 8/27/01    |
| 09/940,287 | Subcutaneous Electrode For Transthoracic Conduction With Insertion Tool                                              | 8/27/01    |
| 09/940,377 | Method of Insertion and Impiantation of Implantable Cardioverter-Defibrillator Canisters                             | 8/27/01    |
| 09/940-599 | Canister Designs for Impiantable Cardioverter-Defibrillators                                                         | 8/27/01    |
| 09/940,373 | Radian Curve Shaped Implantable Cardioverter-<br>Defibrillator Canister                                              | 8/27/01    |
| 09/940,273 | Cardioverter-Defibrillator Having A Focused Shocking Area and Orientation Thereof                                    | 8/27/01    |
| 10/011.566 | Optional Use of a Lead for a Unitary Subcutaneous Implantable Cardioverter-Defibrillator                             | 11/5/01    |
| 10/011,956 | Flexible Subcutaneous Impiantable Cardioverter- Defibrillator                                                        | 11/5/01    |
| 09/940,266 | Biphasic Waveform for Anti-Tachycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator              | 8/27/01    |
| 09/940,378 | Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator              | 8/27/01    |
| 09/940,471 | Power Supply For An Implantable Subcutaneous Cardioverter-Defibrillator                                              | 8/27/01    |
| 10/011,949 | Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode                                     | 11/5/01    |
| 10/011,527 | Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform                               | 11/5/01    |
|            |                                                                                                                      |            |
| 10/011,860 | Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator            | 11/5/01    |

|            | R Fall 2126843999 Apr 28                                                                                  | 202 15:14  |
|------------|-----------------------------------------------------------------------------------------------------------|------------|
|            |                                                                                                           |            |
| Serial No. | Title                                                                                                     | Date Filed |
| 10/011,958 | Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator | 11/5/01    |
| 10/011,506 | Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator    | 11/5/01    |
| 10/015,202 | Current Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator    | 11/5/01    |
| 10/011,955 | Defibrillation Pacing Circuitry                                                                           | 11/5/01    |
| 10/011.957 | Simplified Defibrillator Output Circuit                                                                   | 11/5/01    |
| 10/011.946 | H-Bridge With Sensing Circuit                                                                             | 11/5/01    |
| 10/011,948 | Low Power A/D Converter                                                                                   | 11/5/01    |
| 10/011,565 | Switched Resistor Defibrillation Circuit                                                                  | 11/5/01    |
| 10/011,941 | Subcutaneous Implantable Cardioverter-Defibrillator Employing a Telescoping Lead                          | 11/5/01    |
| 10/011,607 | Packaging Technology For Non-Transvenous Cardioverter/Defibrillator Devices                               | 11/5/01    |
|            |                                                                                                           |            |
| 10/013,980 | Subcutaneous Electrode With Improved Contact Shape for<br>Transthorasic Conduction                        | 11/5/01    |
| 10/011,533 | Power Supply For A Subcutaneous Implantable Cardioverter Defibrillator                                    | 11/5/01    |
|            |                                                                                                           |            |

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PTC/S8/96 (08-00)
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|                                         | STATEMENT UNDE                                                                                       | Attomey Docket No.: 4441-1900                                                                        |
|-----------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Applicant/Patent Owner                  | CAMERON HEALTH, INC.                                                                                 |                                                                                                      |
|                                         |                                                                                                      | Filed/Issue Date: See Schedule B (attached)                                                          |
| Entitled: See Schedule 6 (a             |                                                                                                      | 100,000                                                                                              |
| CAMERON HEALTH, INC.                    |                                                                                                      | oration                                                                                              |
| (Name of Assignee)                      | · · · — • • • • • • • • • • • • • • • •                                                              | ignee, e.g., corporation, partnership, university, government agency, etc.)                          |
| states that it is:                      | •                                                                                                    |                                                                                                      |
| · · · ·                                 | entire right, title, and interest;                                                                   |                                                                                                      |
| 2. an assignee of fess                  | than the entire right, title and<br>entage) of its ownership intere                                  | interest                                                                                             |
|                                         | atent identified above by virtue                                                                     |                                                                                                      |
| was recorded in the which a copy thereo | United States Patent and Tra<br>f is attached. (See :Schedul                                         | demark Office at Reel, Frame, or for e B attached)                                                   |
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| assignee as shown                       | below:                                                                                               | application/patent identified above, to the current                                                  |
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| The document                            | was recorded in the United Si                                                                        | tates Patent and Trademark Office at                                                                 |
| Reel                                    | , Frame                                                                                              | , or for which a copy thereof is attached.                                                           |
| Additional doc                          | uments in the chain of title are                                                                     | listed on a supplemental sheet.                                                                      |
| Must be submitted to As                 | or other documents in the chains of the chains of the chains of the chains of the USPTO. See MPEP 30 | document or a true copy of the original document) noe with 37 CFR Part 3, if the assignment is to be |
| e undersigned (whose titl               | e is supplied below) is authori                                                                      | zed to act on behalf of the assignee.                                                                |
| June30                                  |                                                                                                      | SEAN P. Mc GEEHAN                                                                                    |
| Date                                    |                                                                                                      | Typed or printed name                                                                                |
|                                         | ,                                                                                                    | en P. Mc Lela                                                                                        |
|                                         |                                                                                                      | Signature                                                                                            |
|                                         | · <u> </u>                                                                                           | IP MANAGER                                                                                           |
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tracen Hour Statement: Into form its estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 2231. DC NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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|------------|----------------------------------------------------------------------------------------------------------------------|------------|---------|-------------------|----------------|
| Serial No. | Title                                                                                                                | Date Filed | Reel No | Frame             | Document ID No |
| ·          |                                                                                                                      |            |         |                   |                |
|            |                                                                                                                      |            |         |                   |                |
|            |                                                                                                                      |            |         |                   |                |
| 09/940,371 | Ceramios and/or Other Material Insulated<br>Shell for Active and Non-Active S-ICD Can                                | 8/27/01    | 012387  | 0251              | 10192557cA     |
| 09/940,468 |                                                                                                                      | 8/27/01    | 012470  | 0690              | 102005333A     |
| 09/941,814 | Subcutaneous Electrode With Improved Contact Shape For Transthoracic Conduction                                      | 8/27/01    | 012321  | 0164              | 1019042.87A    |
|            |                                                                                                                      |            |         | ·                 |                |
| 09/940,340 | Subcutaneous Electrode For Transthoracic Conduction With Low-Profile Installation Appendage and Method of Doing Same | 8/27/01    | 012426  | 04.04             | (0193957.BA    |
| 09/940,287 | 100                                                                                                                  | 8/27/01    | 012321  | 8610              | 101904291A     |
| 09/940,377 | Method of Insertion and Implantation of Implantable Cardioverter-Defibrillator Caristers                             | 8/27/01    | 812443  | 0433              | W++6296101     |
| 09/940,599 | Canister Designs for Implantable<br>Cardioverter-Defibrillators                                                      | 8/27/01    | 012387  | 0234              | 101925572A     |
| 09/940,373 | Radian Curve Shaped Implantable                                                                                      | 8/27/01    | 012491  | 1-5 20            | 101906 9101    |

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| Serial No. Cardioverter-Defibrillator Canister Scrial No. Cardioverter-Defibrillator Canister Scrial No. Cardioverter-Defibrillator Having A Focused 8/27/01 012.3.9.7  10/011,566 Optionial Use of a Lead for a Unitary Subcinitation in Paring Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Cardioverter |            |                                                                                    |            |                | Recorded Assignment | anment         |
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| Cardioverter-Defibrillator Canister Cardioverter-Defibrillator Having A Focused Shocking Area and Orlentation Thereof Optional Use of a Lead for a Unitary Subcutaneous Implantable Cardioverter-Defibrillator Flexible Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Implantable Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Serial No. | TMe                                                                                | Date Filed | ı              | Frame No            | Document ID No |
| Cardioverter-Defibrillator: Having A Focused Shocking Area and Orlentation Thereof Optional Use of a Lead for a Unitary Subcutaneous implantable Cardioverter- Defibrillator Flexible Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Cardioverter-Defibrillator Canistar                                                |            |                |                     |                |
| Optional Use of a Lead for a Unitary  Subcutaneous Implantable Cardioverter- Defibrillator Flexible Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Tachycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For As Implantable Cardioverter-Defibrillator Power Supply For An Implantable Cardioverter-Defibrillator Power Supply For An Implantable Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 09/940,273 | Cardioverier-Defibrillator: Having A Focused Shocking Area and Orientation Thereof | 8/27/01    | 012387         | 1510                | 101925542A     |
| Flexible Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Tachycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Biphasic Waveform for Anti-Bradycardia Pacing for A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Implantable Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform  Monophasic Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10/011,566 | Optional Use of a Lead for a Unitary<br>Subcutaneous Implantable Cardioverter-     | 11/5/01    | 615210         | 0131                | 1020362148     |
| Flexible Subcutaneous Implantable Cardioverter-Defibrillator Biphaslc Waveform for Anti-Tachycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradysardia Biphasic Waveform for Anti-Bradysardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Implantable Subcutaneous Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform  Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | Defibrillator                                                                      |            |                |                     |                |
| Biphasic Waveform for Anti-Tachycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Implantable Subcutaneous Cardioverter-Defibrillator Wethod and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Implantation Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Cardioverter-Defibrillator Cardioverter-Defibrillator Cardioverter-Defibrillator Cardioverter-Defibrillator Cardioverter-Defibrillator Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia 11/5/01 Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/011,956 | Flexible Subcutaneous Impfantable<br>Cardioverter-Defibrillator                    | 11/5/01    | 012768         | 0914                | 1020532408     |
| Pacing For A Subcutaneous Impfantable Cardioverter-Defibrillator Biphasic Waveform for Antl-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Impfantable Subcutaneous Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 09/940,266 | Biphasic Waveform for Anti-Tachycardia                                             | 8/27/01    |                |                     |                |
| Biphasic Waveform for Anti-Bradycardia Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Implantable Subcutaneous Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Implantation Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •          | Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator                   |            | 012330         | 2120                | 101906915A     |
| Pacing For A Subcutaneous Implantable Cardioverter-Defibrillator Power Supply For An Implantation and Subcutaneous Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 09/940,378 |                                                                                    | 8/27/04    |                |                     |                |
| Subcutaneous Cardioverter-Defibrillator Subcutaneous Cardioverter-Defibrillator Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Cardioverter-Defibrillator Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | Pacing For A Subcutaneous Implantable<br>Cardioverter-Defibrillator                |            | 012425         | 2180                | 1019 393.44A   |
| Method and Apparatus for Implantation and Extraction of a Subcutaneous Electrode  Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 09/940,471 | Power Supply For An Implantable                                                    | 8/27/01    | 012330         | 2070                | 1019 162 以各种   |
| Extraction of a Subcutaneous Electrode  Method and Apparatus for Inducing Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10/011 949 | Method and Apparatus for Implantation and                                          | 11/5/01    |                |                     |                |
| Method and Apparatus for Inducing  Defibrillation in a Patient Using a T-Shock Waveform  Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | Extraction of a Subcutaneous Electrode                                             |            | 146210         | 9640                | 102053747A     |
| Defibrillation in a Patient Using a T-Shock Waveform Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10/011,527 | Method and Apparatus for Inducing                                                  | 11/5/01    |                |                     |                |
| Monophasic Waveform for Anti-Bradycardia 11/5/01 Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia 11/5/01 Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia 11/5/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Defibrillation in a Patient Using a T-Shock Waveform                               |            | . p. e. t. 210 | 0830                | 102056391A     |
| Monophasic Waveform for Anti-Bradycardia Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibrillator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                    |            | ,              | 1                   |                |
| Pacing For a Subcutaneous Implantable  Cardioverter-Defibriliator Monophasic Waveform for Anti-Tachycardia Pacing for a Subcutaneous Implantable Cardioverter-Defibriliator Current Waveform for Anti-Bradycardia Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10/011,860 | Monophasic Waveform for Anti-Bradycardia                                           |            |                |                     |                |
| Monophasic Waveform for Anti-Tachycardia 11/5/01 Pacing for a Subcutaneous Implantable Cardloverter-Defibrillator Current Waveform for Anti-Bradycardia 11/5/01 Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            | Pacing For a Subcutaneous Implantable Cardioverter-Defibrillator                   |            | 414710         | 9460                | 102036596A     |
| Pacing for a Subcutaneous Implantable  Cardloverter-Defibrillator  Current Waveform for Anti-Bradycardia  Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/011,958 | Monophasic Waveform for Anti-Tachycardia                                           | 11/5/01    |                |                     |                |
| Current Waveform for Anti-Bradycardía 11/5/01 Pacino for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | 3                                                                                  |            | 604210         | 0003                | (02033017A     |
| Current waverorm for Ami-Bradycardia 11/5/01 Pacing for a Subcutaneous Implantable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40,044     |                                                                                    | . 0, 2, 7, |                |                     |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/011,506 | Current Wavetorm for Amti-Bradycardia Pacing for a Subcutaneous Implantable        | 11/5/01    | 012674         | 0459                | 102020836A     |

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والمحمولة فلاكتمام ويالهوا والمقارسي المقواري والإيطار ماها الكام وداؤ المقارئ والمادية المراها مساداها والراب ووالأمال والماداة المارانية المارانية الماداة ا

ساماندا داراندار الماند مان الماند مان فقد المستد الإنسان كالأفاد مقطعه داده المدارية الماندان الماندان

|            |                                                                             |            |          | Secretary Apply     | 10000          |   |
|------------|-----------------------------------------------------------------------------|------------|----------|---------------------|----------------|---|
|            |                                                                             |            |          | Recorded Assignment | Main           |   |
| Serial No. | Title                                                                       | Date Filed | Reel No  | Frame N             | Document ID No |   |
|            | Cardioverler-Defibrillator                                                  |            |          |                     |                |   |
| 10/015.202 | Current Waveform for Anti-Tachycardia                                       | 11/5/01    |          | ,                   | •              |   |
|            | Pacing for a Subcutaneous Implantable                                       |            | 012474   | 0325                | (020222250R    |   |
|            | Cardioverter-Defibrillator                                                  |            |          |                     |                |   |
| 10/011 955 | Defibrilitation Paging Circuitry                                            | 11/5/01    | 012934   | 0440                | 10201 3520 A   |   |
| 10/011 957 | Simplified Defibrillator Output Circuit                                     | 11/5/01    | 012684   | 5460                | 1020151468     |   |
| 10/011 946 | H-Bridge With Sensing Circuit                                               | 11/5/01    | 012684   | 0848                | 102026960M     |   |
| 10/011 94R | I ow Power A/D Converter                                                    | 11/5/01    | 184210   | 2760                | 10204352.2.A   |   |
| 10/011 565 | Switched Resistor Defibrillation Circuit                                    | 11/5/01    | 269219   | 0954                | 102.020809A    |   |
| 10/011,941 | Subcutaneous Implantable Cardioverter-                                      | 11/5/01    | 012 7 19 | 2650                | 102056384A     |   |
| •          | Defibrillator Employing a Telescoping Lead                                  |            |          | 6.6                 |                |   |
| 10/011,607 | Packaging Technology For Non-Transvenous Cardloverter/Defibrillator Devices | 11/5/01    | 012675   | 1800                | 102020921A     |   |
|            |                                                                             |            |          |                     |                |   |
| 10/013,980 | •                                                                           | 11/5/01    | 012737   | 4660                | 102043523A     |   |
|            | Contact Shape for Transthorasic Conduction                                  |            |          |                     |                |   |
| 10/011,533 |                                                                             | 11/5/01    | 012479   | 0413                | 10205c382A     |   |
|            | Impiantable Cardioverter Defibilitator                                      |            |          |                     |                | _ |
|            |                                                                             |            |          |                     |                |   |
|            |                                                                             |            |          |                     |                | _ |

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